Name in Full: Joseph Normal Bantum

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cambridge — County: Dorchester

Date of death 1904: Month: 9 — Day: 2

Age: Years: 2 — Months: — Days: 15

Sex: Male — Color or Race: Blk. — Birthplace: Md.

Occupation: child — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John W. Bantum — Father's Birthplace: Md.

Mother's Maiden Name: Annie M. Ridout — Mother's Birthplace: Md

Name of person giving Information: John W. Bantum — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: D[illegible]

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E. E. Wolff M.D.

Address: Cambridge, Md.

Accident or Suicide?

LIBRARY BUREAU A85516

Name in Full: William Mace Bidding

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cambridge — County: Dorchester

Date of death: 1904 — Month: 9 — Day: 2 — Age: Years — — Months: 11 — Days: 14

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Child — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Alfred Bidding — Father's Birthplace: Europe

Mother's Maiden Name: Amanda Horseman — Mother's Birthplace: Md

Name of person giving In formation: Alfred Bidding — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Abscess in side. — How long

Immediate: Exhaustion — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. E. Wolff

Address: Cambridge, Md

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Melda Brauchle

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Vienna — County: Dorchester

Date of death: Month: Sept — Day: 10 — Age: Years — Months: 2 — Days: 16

Sex: Female — Color or Race: White — Birthplace: Vienna

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Jacob Brauchle — Father's Birthplace: Germany

Mother's Maiden Name: Pauline Kahn — Mother's Birthplace: Germany

Name of person giving Information: Jacob Brauchle — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: — How long:

Immediate: Cholera Infantum 10/7 — How long: two days.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: W R Elliott

Address: Vienna Md

Accident or Suicide?

9

LIBRARY BUREAU A88816

Name in Full

Certificate of Death

Alvin Virden Cornedale

Died at Town: Cambridge County: Dorchester MARYLAND

Date 1904 Month: Sept Day: 20 Age Y. 2 M. 11 D. Native of Occupation ✓

~~Male~~ Female White ~~Colored~~ ~~Married~~ Single Widow ~~Widower~~ Divorced

Number of children living

Husband / Wife of ✓

Father's Name: Edward J Cornedale Mother's Name: Edythe Cornedale

Cause of Death: Primary: Cholera Infantum How long sick: 12 days

Immediate: Exhaustion

Accident, Suicide, Homicide

Reported by: Chas. M Hanby M D

Address: Cambridge

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Duncan

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Cambridge (County) Dorchester

Date of death: Month Sept Day 24 1904

Age: Years — Months — Days 1

Sex: Boy

Color or Race: Colored

Birthplace: Cambridge

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: Peter Duncan

Father's Birthplace: Va

Mother's Maiden Name: Carrie Nichols

Mother's Birthplace: Dor Co. Md

Name of person giving information: Peter Duncan

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature (& more)

How long: 1 day

Immediate: Inanition

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Henry Steele

Address: Cambridge Md

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: David Erwin Edgar

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Bishop Head — County: Dorchester

Date of death: 1904 — Month: Sept. — Day: 10 — Age: Years: 32 — Months: 4 — Days:

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Clerk — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Samuel F. Edgar — Father's Birthplace: Md

Mother's Maiden Name: Victoria Wingate — Mother's Birthplace: Md

Name of person giving In formation: Angie Fallin — How related to deceased: Aunt

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis of Lungs — How long: 6 months

Immediate: Diarrhoea — How long: One week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. A. Power

Address: Bishop Md

Accident or Suicide?

LIBRARY BUREAU A#3516

Name in Full: G. Ejik

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Cambridge (County): Dorchester

Date of death: 1904 (Month): Sep (Day): 2 (Years): Age 1 (Months): 2 (Days): -

Sex: Female Color or Race: white Birthplace: Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: wid Name of Wife or Husband: —

Father's Name: Jos. Ejik Father's Birthplace: Austria

Mother's Maiden Name: Mary Ejik Mother's Birthplace: Austria

Name of person giving Information: Jos. Ejik How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Hydrocephalus How long: 6 days

Immediate: Exhaustion How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Geo Steele

Address: Cambridge Md.

Accident or Suicide?

LIBRARY BUREAU Add816

Name in Full: Mary E Fisher

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hurlock — County: Dorchester

Date of death 1904: Month: Sept. — Day: 13. — Age: Years: 80. — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Maryland

~~Married~~, Single or Widowed: Widowed — Occupation: Housekeeper

Name of Wife or Husband: Thomas Fisher

Father's Name: Richard Fisher — Father's Birthplace: Md

Mother's Maiden Name: Rosa Shehan — Mother's Birthplace: Md

Name of person giving information: Annie Lewis — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age — How long: 6 days

Immediate: Hypostasy — How long: 6 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: C. T. Maguire

Address: Hurlock

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Sml. W Gore

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cambridge — County: Dorchester

Date of death: Month: Sept — Day: 23 — Year: 1904

Age: Years: 2 — Months: — — Days: 15

Sex: Male — Color or Race: White — Birthplace: Md.

Occupation: Child — Where Residing if not at place of death: Md.

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Sml. J. Gore — Father's Birthplace: Md

Mother's Maiden Name: Hattie Webster — Mother's Birthplace: Md.

Name of person giving information: Mary Wingate — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis — How long: 2 or 3 months

Immediate: General - weakness — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Muse

Address: Cambridge Md

Accident or Suicide?

8

LIBRARY BUREAU A66616

Name in Full: Wm. James Griffin

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Cambridge — County: Dorchester

Date of death 1904 — Month: 9 — Day: 20 — Age — Years: 23 — Months: 11 — Days: 26

Sex: Male — Color or Race: Blk. — Birthplace: Md.

Occupation: Laborer — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Isaac Griffin — Father's Birthplace: Del.

Mother's Maiden Name: Sarah Jackson — Mother's Birthplace: Md

Name of person giving Information: Sarah Jackson — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long:

Immediate: Rupture of blood Vessel in Brain (Apoplexy)? — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E E Woolf M. D

Address: Cambridge, Md.

Accident or Suicide?

LIBRARY BUREAU A38516

Name in Full: William O. Holden

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Woods Grove; County: Dorchester

Date of death: 1904; Month: Sept; Day: 16

Age: Years: 38; Months: 5; Days: 18

Sex: male

Color or Race: White

Birthplace: Woods Grove

Occupation: Merchant

Where Residing if not at place of death: Woods Grove

Married, Single or Widowed: Married

Name of Wife or Husband: Nellie M. Holden

Father's Name: Thomas Holden

Father's Birthplace: Maryland

Mother's Maiden Name: Margaret Murphy

Mother's Birthplace: Maryland

Name of person giving information: Victor E. Fitch

How related to deceased: DO

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paralysis

How long: 4 days

Immediate: Heart Failure

How long: 3 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Victor E. Fitch

Address: East Cromwell Dorchester Co. Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: A. Dorris Thompson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cambridge; County: Dorchester

Date of death: 1904; Month: Sept; Day: 26th; Age: Years: 1; Months: 2; Days:

Sex: Female; Color or Race: white; Birthplace: Cambridge Md

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: Single; Name of Wife or Husband: —

Father's Name: M. Warren Thompson; Father's Birthplace: Dor. Co. Md.

Mother's Maiden Name: Annie E. Jones; Mother's Birthplace: Dor. Co Md

Name of person giving information: Annie E. Thompson; How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Collitis Bronchitis; How long: 6 weeks

Immediate: Exhaustion; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Moore

Address: Cambridge Md

Accident or Suicide?

LIBRARY BUREAU A8681S

Name in Full: John R. L. Keene

CERTIFICATE OF DEATH

MARYLAND

Died or near: Town: Church Creek — County: Dorchester

Date of death: Month: September — Day: 21st — 1904

Age: Years: 13 — Months: 2 — Days: 23

Sex: Male — Color or Race: Col. — Birthplace: Dor. Co. Md.

Occupation: Youth — Where Residing if not at place of death: —

Married, Single or Widowed: Youth — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John H. Keene — Father's Birthplace: Dor. Co. Md.

Mother's Maiden Name: Anna Chase — Mother's Birthplace: Dor. Co. Md.

Name of person giving Information: John H. Keene — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enteric fever — How long: 18 days

Immediate: Intestinal haemorrhage — How long: 3 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. L. L. Leitheiser M.D.

Address: Church Creek, Md.

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full — Certificate of Death

Amanda Fuhr

Died at Buckeystown — County Frederick Co — MARYLAND

Date 1924 — Month Sept. — Day 2 — Age Y. 60 M. D. — Native of Md. — Occupation Housework

Male / ~~Female~~ — ~~White~~ / Colored — ~~Married~~ / Single — Widow / ~~Widower~~ — ~~Divorced~~ — Number of children living 3

Husband / Wife of Martin Fuhr

Father's Name Lot Kemp — Mother's Name Charlotte Comfort

Cause of Death — Primary: Stricken from Paralysis — How long sick 3 weeks

Immediate: Stricken from Paralysis — ~~Accident, Suicide, Homicide~~

Reported by B. D. Pondelis

Address Amelung, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Name in Full: Lizzie Marine

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Christs Rock — County: Dorchester

Date of death: Month: 9 — Day: 19 — 1904

Age: Years: 10 — Months: — — Days: —

Sex: Female — Color or Race: Blk. — Birthplace: Md.

Occupation: child — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name or Wife or Husband:

Father's Name: Wm. Marine (adopted) — Father's Birthplace: Md

Mother's Maiden Name: Wilhelmina Trueford — Mother's Birthplace: Md

Name of person giving In formation: Wm. Marine — How related to deceased: adopted Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Fracture of Spinal Column at base of brain — How long: 6 h

Immediate: Paralysis — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. E. Wolff M.D

Address: Cambridge, Md.

Accident or Suicide?

LIBRARY BUREAU A38018

Name in Full: Geo. W. Mursall Jr.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Hoopersville — County: Dorchester

Date of death 1904 — Month: Sept — Day: 27th — Age: Years 0 — Months 9 — Days 0

Sex: Male — Color or Race: White — Birthplace: Hooperville

Married, Single or Widowed: Infant — Occupation:

Name of Wife or Husband:

Father's Name: Geo. W. Mursall — Father's Birthplace:

Mother's Maiden Name: Susan Simmons — Mother's Birthplace: Dorchester Co.

Name of person giving In formation: Geo. W. Mursall — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro-Entaric Infection (Acute) — How long: 4 weeks

Immediate: Acute Ileo-Colitis Exhaustion — How long: 5 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. H. Houston

Address: Fishing Creek

~~Accident or Suicide?~~

LIBRARY BUREAU A38316

Name in Full: Francis P. Phelps M.D.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cambridge; County: Dorchester

Date of death: Month: Sept; Day: 14; Year: 1904

Age: Years: 74; Months: —; Days: 5

Sex: Male

Color or Race: White

Birthplace: Dor. Co. Md.

Occupation: Justice of Peace

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or: Margaret T. Houston

Father's Name: Francis P. Phelps

Father's Birthplace: Md.

Mother's Maiden Name: Hannah White

Mother's Birthplace: Md.

Name of person giving information: Wallace Phelps

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cardiac Sclerosis

How long: 2 days

Immediate: Heart failure

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Harry Steele

Address: Cambridge Md.

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Robinson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cambridge; County: Dorchester

Date of death: Month: Sept. Day: 11 1904

Age: Years: — Months: — Days: 1

Sex: Female

Color or Race: white

Birthplace: Cambridge Md.

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: J. Edgar Robinson

Father's Birthplace: Dr. Co. Md

Mother's Maiden Name: Mollie M. Hyder

Mother's Birthplace: Somerset Co. Md.

Name of person giving Information: J. Edgar Robinson

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Retulus Diabetis Asthma

How long: 12 hours

Immediate: Cyanosis

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Edgar Robinson

Address: Cambridge Md.

Accident or Suicide? No

LIBRARY BUREAU A66816

Name in Full: ~~Edd~~ Lewis Edward Smith

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Brinsa — County: Worcester

Date of death: 1904 — Month: Sept — Day: 4 — Age: Years: 1 — Months: 3 — Days: 16

Sex: Male — Color or Race: Black — Birthplace: Salem

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jas. H. Smith — Father's Birthplace: Smith Cokes Point

Mother's Maiden Name: Susie Nickles — Mother's Birthplace: Salem

Name of person giving Information: Jas H Smith — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Rachitis — How long: 1/2

Immediate: Convulsions — How long: Half hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. P. Elliott

Address: Brinsa Md

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Robert Leroy Stilman

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Taylors Island — County: Dorchester

Date of death: 1904 — Month: Sept. — Day: 24 — Age: Years — Months: 1 — Days: 16

Sex: Male — Color or Race: Caucasian — Birthplace: Md.

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: J. Eator Stilman — Father's Birthplace: Md

Mother's Maiden Name: Lulu Keene — Mother's Birthplace: Md

Name of person giving Information: J. Eator Stilman — How related to deceased: Father

CAUSES OF DEATH

Primary: Enteritis — How long: 6 days

Immediate: Exhaustion — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. Jos. K. Stivers Jr.

Address: Taylors Island

Dor. Co. Md.

Accident or Suicide?

LIBRARY BUREAU ADBSIS

Name in Full: Noah Sterling

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Cambridge — County: Dorchester

Date of death: 1904 — Month: Sept — Day: 5 — Age: 45 — Months: — — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Md.

Occupation: Laborer — Where Residing if not at place of death: —

Married, Single or Widowed: married — Name of Wife ~~or Husband~~: Dora Hughes

Father's Name: Don't Know — Father's Birthplace: Md.

Mother's Maiden ~~Name~~: Hester Sterling — Mother's Birthplace: Md.

Name of person giving Information: Dora Sterling — How related to deceased: wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bright's Disease — How long: Don't Know

Immediate: Uraemic Coma — How long: 6 hours.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wilbur G. Duke M.D.

Address: Cambridge, Dorchester Co.

Accident or Suicide? no

LIBRARY BUREAU A88816

Name in Full: Ida M. Travers

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hoopersville — County: Dorchester

Date of death 1904: Month: Sept. — Day: 13th — Years: Age 21 — Months: 1 — Days:

Sex: Female — Color or Race: — Birthplace: Hooperasville Md.

Married, Single or Widowed: Single — Occupation: House keeper for father

Name of Wife or Husband:

Father's Name: Geo. W. Travers. — Father's Birthplace: Hooperasville Md

Mother's Maiden Name: Sarah L. Travers — Mother's Birthplace: Hooperasville Md

Name of person giving Information: Frank Henry Travers — How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: Eleven weeks

Immediate: Exhaustion, collapse. — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. H. Houston M.D.

Address: Fishing Creek Md.

[redacted]

LIBRARY BUREAU A66616

Name in Full: Richard Trezise

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Vienna — County: Dorchester

Date of death: 1904 — Month: Sept — Day: 8 — Age: Years 72 — Months 6 — Days 18

Sex: male — Color or Race: White — Birthplace: England

Occupation: Farmer — Where Residing if not at place of death:

Married, ~~Single~~ or Widowed: Married — Name of Wife ~~or Husband~~: Mary Trezise

Father's Name: Wm Trezise — Father's Birthplace: England

Mother's Maiden Name: Eliza Harris — Mother's Birthplace: England

Name of person giving In formation: Richard Trezise — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long:

Immediate: Cerebral Hemorrhage — How long: 4/8 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm Elliott.

Address: Vienna, Md.

Accident or Suicide?

LIBRARY BUREAU A69516

Name in Full: Wm A. Twilley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cambridge — County: Dorchester

Date of death: Month: Sept. — Day: 23 — Year: 1904

Age: Years: 64 — Months: — — Days: 14

Sex: Male — Color or Race: White — Birthplace: Dor. Co. Md.

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Sophy E. Higgins

Father's Name: John Twilley — Father's Birthplace: Dor. Co. Md.

Mother's Maiden Name: Susan Hurley — Mother's Birthplace: Dor. Co. Md.

Name of person giving information: Sophy E. Twilley — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hemiplegia — How long: 2 days

Immediate: Ephemeritis Cord — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Geo Steele

Address: Cambridge Md.

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full

Certificate of Death

Emily Wheatley

Died in Town: Caulnge Co. County: Dorchester MARYLAND

Date 1964 Month: Sept Day: 29 | Age Y. 73 M. D. | Native of: Dorchester | Occupation: Housewife

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ Widow ~~Widower~~ | Divorced

Number of children living 6

Husband of Wife: Mayo Wheatley -

Father's Name: Dan'l Crosby | Mother's Maiden Name: Patience Crosby -

Cause of Death: Primary: Chronic Nephritis | How long sick: 2 years & more

Immediate: Exhaustion | Accident, Suicide, Homicide

Reported by B W Golaborough

Address Caulnge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79893

Name in Full: Infant Miller

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Taylors Island — County: Dorchester

Date of death 1904 — Month: Feb. — Day: 14 — Age — Years: — Months: 1 — Days: 17

Sex: Female — Color or Race: Caucasian — Birthplace: Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Wilbur W. Miller — Father's Birthplace: Md

Mother's Maiden Name: Alice A. McNamara — Mother's Birthplace: Md

Name of person giving Information: W. W. Miller — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Marasmus — How long: 3 weeks

Immediate: Exhaustion — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. Jos. K. Shivers Jr.

Address: Taylors Island Md.

Accident or Suicide? —

LIBRARY BUREAU A88518

Name in Full

Certificata of Death

Thomas H Williams

Died at Town: Cambridge County: Dorchester MARYLAND

Date 1904 Month: Sept Day: 22 | Age Y. 77 M. D. | Native of Dorchester | Occupation Physician & Druggist

Male / Female — White / Colored — Married / Single — Widow / Widower — Divorced — Number of children living

Husband / Wife of Belle Hooper

Father's Name Isaac Williams

Mother's Maiden Name Rebecca Stewart

Cause of Death — Primary: Atherome Of Arteries

How long sick: a few hours

Immediate: Rupture of Some Lemorrage to Brain

Accident, Suicide, Homicide

Reported by B W Goldsborough

Address Cambridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898